



Camp Colorado 2008 Registration

Camp Session (circle one):

Pre Junior June 22 - 26 Junior June 8 - 14 Junior High June 15 - 21 Senior High June 1 - 7

Gender:

First Name: Last Name: Male:

Female:

Grade Completed: Birthday: Age

Phone: Camper Email

Parent's Name Parent's Email:

Parent's Address City ST: Zip Code

Parent's Phone Parent's Cell Home Church

Parent's Place of Employment Work Phone

Work Address City ST: Zip Code

Emergency Contact (if parents not available) Phone

Emergency Address City ST: Zip Code

The information below is required by the State of Colorado. Please fill in each field.

Camper's Health Insurance Company Insurance Policy #

Insurance Company Address City ST: Zip Code

Insurance Company Phone

Camper's Doctor Doctor's Phone

Doctor's Address City ST: Zip Code

Camper's Dentist Dentist's Phone

Doctor's Address City ST: Zip Code

Parent's View of physical and mental condition of camper

Activities that I do NOT want my camper to participate in

Registration, Health Form, and a copy of the Front and Back of your health insurance card should be sent to the appropriate director listed at the bottom of the next page.



Camp Colorado 2008 Registration

(Continued from Page # 1)

Person's Authorized to transport Camper to/from Camp. Name

Phone Cell Phone

Address City ST: Zip Code

Person's specifically NOT authorized to pick up the camper.

Name Relationship

Would you like to opt-in for our newsletter Yes No

I understand that all campers are expected to participate in the camp program and take direction from the Camp Manager, Camp Director, and Counselors/Staff. Campers who are consistently unable to follow Camp rules and take directions, could, at the discretion of the Camp Director or Camp Manager, be asked to leave. Parents, under these circumstances would then be contacted to make arrangements to have their camper picked up before the scheduled end of camp.

I understand that Camp Colorado will provide sunscreen, with a minimum SPF 30 to campers, if the camper does not bring their own sunscreen. **Initial:** _____

I give my permission for my child to make special trips and excursions under camp leadership. I give permission for my child to receive emergency medical care if necessary. I also give permission for my child's image to be used in future Camp promotional materials.

Parent/Guardian Signature: _____ **Date:** _____

Fill out the registration form completely; every area must be answered for the State of Colorado Childcare regulations.

This form is available on the Camp Colorado website: <http://www.campcolorado.org>

Registration, Health Form, and a copy of the Front and Back of your health insurance card should be sent to the appropriate director listed below.

Pre Junior Camp (3rd - 4th) June 22-26 \$125	Junior Camp (5th - 6th) June 8-14 \$150 Cindy Kinnamon & Jon Tuttle	Jr. High Camp (7th - 8th) June 15 - 21 \$160 LeAnn Wine & Genelle Wine	Sr. High Camp (9th - 12th) June 1 - 7 \$175 Shawn & Alison Replogle
Becky Snell 400 Lincoln St. Quinter, KS 67752 becklea82@hotmail.com 785-754-3801	Cindy Kinnamon 600 E. Kansas McPherson, KS 67460 cdkinnamon@sbcglobal.net 620-241-8089	Genelle Wine 323 W 31st St., Apt. 7 Minneapolis, MN 55408 genellewine@web.de 612-709-4319	Shawn Replogle 221 N Walnut McPherson, KS 67460 shawn.replogle@sbcglobal.net 620-245-9562
Registration Incentive Deadline: June 1	Registration Incentive Deadline: May 18	Registration Incentive Deadline: May 25	Registration Incentive Deadline: May 11

Directors Use Only:

Date Registration Received: _____